

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>991143</u>		FILING DATE	
						APPLICANT(S)			
<u>7/15/81</u>						CLAIMS			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
1							51		
2	1						52		
3							53		
4		0					54		
5		0					55		
6		0					56		
7							57		
8							58		
9		0					59		
10		0					60		
11		0					61		
12		0					62		
13		0					63		
14		0					64		
15		0					65		
16							66		
17	1		1				67		
18		1		1			68		
19	1						69		
20	1						70		
21	1						71		
22	1						72		
23	1						73		
24	1						74		
25		0					75		
26		0					76		
27		0					77		
28		0					78		
29	1						79		
30		0					80		
31		0		2			81		
32	1						82		
33							83		
34							84		
35							85		
36				1			86		
37							87		
38							88		
39				2			89		
40							90		
41				1			91		
42							92		
43							93		
44				1			94		
45				1			95		
46				1			96		
47				1			97		
48				1			98		
49				1			99		
50				3			100		
TOTAL IND.	11		4				TOTAL IND.		
TOTAL DEP.	22		25				TOTAL DEP.		
TOTAL CLAIMS	33		29				TOTAL CLAIMS		